Senate

General Assembly

File No. 393

January Session, 2007

Substitute Senate Bill No. 1226

Senate, April 10, 2007

The Committee on Public Health reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ESTABLISHING A FALL PREVENTION PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-4i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) There shall be, within the Department of Public Health, an Office of Injury Prevention, whose purpose shall be to coordinate and expand prevention and control activities related to intentional and unintentional injuries. The duties of said office shall include, but are not limited to, the following: (1) To serve as a data coordinator and analysis source of mortality and injury statistics for other state agencies; (2) to integrate an injury and violence prevention focus within the Department of Public Health; (3) to develop collaborative relationships with other state agencies and private and community organizations to establish programs promoting injury prevention, awareness and education to reduce automobile, motorcycle and bicycle injuries and interpersonal violence, including homicide, child abuse, youth violence, domestic violence, sexual assault and elderly

abuse; (4) to support the development of comprehensive community-based injury and violence prevention initiatives within cities and towns of the state; and (5) to develop sources of funding to establish and continue programs to promote prevention of intentional and unintentional injuries.

(b) The Office of Injury Prevention shall establish a fall prevention program. Within such program, the office shall:

(1) Promote and support research to: (A) Improve the identification, diagnosis, treatment and rehabilitation of older adults and others who have a high risk of falling; (B) improve data collection and analysis to identify risk factors for falls and factors that reduce the likelihood of falls; (C) design, implement and evaluate the most effective fall prevention interventions; (D) improve intervention strategies that have been proven effective in reducing falls by tailoring such strategies to specific populations of older adults; (E) maximize the dissemination of proven, effective fall prevention interventions; (F) assess the risk of falls occurring in various settings; (G) identify barriers to the adoption of proven interventions with respect to the prevention of falls among older adults; (H) develop, implement and evaluate the most effective approaches to reducing falls among high-risk older adults living in communities and long-term care and assisted living facilities; and (I) evaluate the effectiveness of community programs designed to prevent falls among older adults.

(2) Establish, in consultation with the Commissioner of Social Services, a professional education program in fall prevention, evaluation and management for physicians, allied health professionals and other health care providers who provide services for the elderly in this state. The commissioner may contract for the establishment of such program through (A) a request for proposal process, (B) a competitive grant program, or (C) cooperative agreements with qualified organizations, institutions or consortia of qualified organizations and institutions.

(3) Oversee and support demonstration and research projects to be

carried out by organizations, institutions or consortia of organizations and institutions deemed qualified by the Office of Injury Prevention. Such demonstration and research projects shall be in the following areas:

(A) Targeted fall risk screening and referral programs;

(B) Programs designed for community-dwelling older adults that use fall intervention approaches, including physical activity, medication assessment and reduction of medication when possible, vision enhancement and home-modification strategies;

(C) Programs that target new fall victims who are at a high risk for second falls and that are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations;

(D) Private sector and public-private partnerships to develop technologies to prevent falls among older adults and prevent or reduce injuries when falls occur; and

(4) Award grants to, or enter into contracts or cooperative agreements with, organizations, institutions or consortia of organizations and institutions deemed qualified by the Office of Injury Prevention to design, implement and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

Sec. 2. (*Effective from passage*) (a) The Commissioner of Public Health shall convene a working group to study the effects of falls on health care costs, the potential for reducing falls and the most effective strategies for reducing health care costs associated with falls. The working group shall consist of the Commissioners of Public Health and Social Services and the Executive Director of the Commission on Aging, or their designees, the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health, or their designees, and

any other person the Commissioner of Public Health and the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health deem necessary.

(b) The Commissioner of Public Health may enter into contracts with consultants to assist in the completion of the study authorized by this section.

(c) Not later than January 1, 2008, the Commissioner of Public Health shall submit, in accordance with the provisions of section 11-4a of the general statutes, a report of the working group's findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health and social services and to the select committee of the General Assembly having cognizance of matters relating to aging.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2007*	19a-4i
Sec. 2	*from passage*	New section

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 $	FY 09 $
Public Health, Dept.	GF - Cost	879,055	862,815
Legislative Mgmt.	GF - None	None	None
Social Services, Dept.	GF - Savings	Potential Indeterminate	Potential Indeterminate
State Comptroller - Fringe Benefits	GF - Cost	16,080	37,515
Comptroller Misc. Accounts (Fringe Benefits)	GF - Savings	Potential Indeterminate	Potential Indeterminate

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 08 $	FY 09 $
Various Municipalities	Savings	Potential Indeterminate	Potential Indeterminate

Explanation

The Department of Public Health would incur an FY 08 cost of $864,055 to implement a comprehensive fall prevention program. This includes $300,000 to allow the agency to contract for professional education programs for health care providers serving older adults; $500,000 to support design, implementation and evaluation of fall prevention programs in residential and institutional settings; and $64,055 to support the salary of 1 Project Coordinator and associated other expenses/equipment charges. Costs associated with this position would fall to $62,815 in FY 09, to reflect the one-time nature of equipment expenses.

Fringe benefits costs of $16,080 in FY 08 and $37,515 in FY 09 would

also be incurred[1].

An estimated one-time cost of $15,000 would be associated with retaining outside consultant services needed to complete a study, by 1/1/08, concerning the effects of falls on health care costs and effective strategies for reducing such costs.

The bill makes the chairpersons and ranking members of the Joint Committee on Public Health members of the working group. The Office of Legislative Management will incur minimal costs associated with mileage reimbursement of 48.5 cents per mile for legislators participating on the working group.

Representatives of the Department of Social Services and the Commission on Aging will be able to participate in the duties of the working group within each agency's normally budgeted resources.

Research studies have shown that multifaceted screening and intervention programs can reduce the risk of falling and fall-related injuries. To the extent that a successful fall prevention program results in reduced utilization of medical and/or long term care by persons enrolled in publicly funded programs or health insurance plans, a potential indeterminate savings to these programs or plans may ensue.

No funding has been included within HB 7077 (the Governor's Recommended FY 08 – 09 Biennial Budget) for fall prevention programming.

[1] The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The estimated first year fringe benefit rate for a new employee as a percentage of average salary is 25.8%, effective July 1, 2006. The first year fringe benefit costs for new positions do not include pension costs. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS 2006-07 fringe benefit rate is 34.4%, which when combined with the non pension fringe benefit rate totals 60.2%.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis
sSB 1226

AN ACT ESTABLISHING A FALL PREVENTION PROGRAM.

SUMMARY:

This bill requires the Department of Public Health's (DPH) Office of Injury Prevention to establish a fall prevention program targeted at older adults. The program must promote and support fall prevention research; oversee research and development projects; and establish, with the Department of Social Services (DSS), a professional education program on fall prevention for healthcare providers.

The bill also directs the DPH commissioner to convene a working group to study the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing costs associated with falls.

EFFECTIVE DATE: October 1, 2007 for the fall prevention program; upon passage for the working group.

FALL PREVENTION PROGRAM

Promotion and Support of Research

The fall prevention program must promote and support research to:

1. improve the identification, diagnosis, treatment, and rehabilitation of older adults and others with a high risk of falling;

2. improve data collection and analysis to identify fall risk factors and factors that reduce the likelihood of falls;

3. design, implement, and evaluate the most effective fall prevention interventions;

4. improve intervention strategies proven effective in reducing falls;

5. maximize the awareness of proven effective fall prevention interventions;

6. assess the fall risk in various settings;

7. identify barriers to adopting proven fall prevention interventions;

8. develop, implement, and evaluate the most effective approaches to reducing falls among higher-risk older adults living in communities and long-term care and assisted living facilities; and

9. evaluate the effectiveness of community fall prevention programs.

Demonstration and Research Projects

Under the fall prevention program, DPH's injury prevention office must oversee and support demonstration and research projects carried out by qualified organizations, institutions, or consortia of such in the following areas:

1. targeted fall risk screening and referral programs;

2. programs designed for community-dwelling older adults that use fall intervention approaches including physical activity, medication assessment, reduce medication when possible, vision improvement, and home modification activities;

3. programs targeting new fall victims at high risk for second falls and designed to maximize independence and quality of life for older adults, especially those with functional limitations; and

4. private sector and public-private partnerships to develop technology to prevent falls among older adults and prevent or

reduce injuries after falls.

Grants, Contracts, and Cooperatiuve Agreements

Under the bill, the Injury Prevention Office must award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified entities to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

PROFESSIONAL EDUCATION PROGRAM

The bill requires the Injury Prevention Office, in conjunction with the DSS commissioner, to establish a professional education program in fall prevention, evaluation, and management for physicians, allied health professionals, and other health care providers serving the elderly. The DPH commissioner can contract to establish the program through (1) a request for proposal process, (2) a competitive grant program, or (3) cooperative arrangements with qualified entities.

WORKING GROUP

The working group includes (1) the DPH and DSS commissioners or their designees, (2) the executive director of the Commission on Aging, (3) the chairpersons and ranking members of the Public Health Committee, and (4) any other person the DPH commissioner and the Public Health Committee chairpersons deem necessary.

DPH can contract with consultants to help complete the study.

By January 1, 2008, the DPH commissioner must report the working group's findings and recommendations to the Public Health, Human Services (the bill says "social services"), and Aging Committees.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 20 Nay 7 (03/21/2007)